Guidance for Homeless Shelters

This guidance provides information about key infection control measures to prevent COVID-19 outbreaks in homeless shelters.

LAYERED COVID-19 PREVENTION STRATEGIES

1) COVID-19 Vaccination

- **Vaccination is the most important strategy for keeping staff[1] and clients safe and for maintaining normal operations.**
- The COVID-19 vaccine is highly effective at preventing severe illness, hospitalization, and death.
- Homeless shelter staff must be vaccinated and boosted unless they were granted a medical or religious exemption.
- Strongly encourage clients to get vaccinated and stay **up to date** on their COVID-19 vaccine.
    - A person is considered **up to date** after they have received all recommended doses of the COVID-19 vaccine, including booster doses as applicable.
        - This includes individuals who:
            - Are fully vaccinated and boosted
            - Received their 2nd dose of an mRNA vaccine (Pfizer or Moderna) less than 5 months ago
              OR
            - A single J&J vaccine less than 2 months ago
- Find out more about:
    - *Staying Up to Date with Your COVID-19 Vaccines* at cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html.
    - *COVID-19 Booster Shots*: cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html
    - *COVID-19 Vaccines*: coronavirus.dc.gov/vaccine

2) Actively encourage staff to stay home if they are sick

- Staff with symptoms of COVID-19 should be encouraged to talk to their healthcare provider and seek testing.
- Staff who develop symptoms of COVID-19 while at the facility must be immediately sent home.

3) Masks

- **Due to the higher risk nature of congregate settings, staff, clients, and visitors at homeless shelters must continue to wear well-fitting masks or respirators, regardless of vaccination status**.
- There are several types of masks and respirators which provide varying levels of protection to the wearer and to other people in the vicinity.
- More highly protective masks and respirators may be less comfortable to wear for prolonged periods of time.
- People should wear the most protective mask or respirator possible that they are able to wear consistently. Keep in mind, though, that **any mask is better than no mask[2]**.
- Mask exceptions:
    - Masks should not be worn when eating or drinking.
    - Staff may remove their masks when alone in a private office.

[1] References made to "staff" includes volunteers.

[2] Cloth masks are not personal protective equipment (PPE) and cannot be worn when PPE is required, such as when providing care to a patient with suspected or confirmed COVID-19. For more information, see PPE section on page 5

  - Clients may also remove their masks when they are alone in a private room, bathing, or sleeping
  - Masks must not be placed on anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Facilities should provide masks or respirators at no cost to staff and clients and launder cloth masks routinely.
- Outdoors: Masks are not required in outdoor areas. If masks are not worn outdoors, ensure that social distancing is maintained.
- For more information, see *Mask and Respirator Guidance* at coronavirus.dc.gov/healthguidance

4) Social distancing

- Maintain at least 6 feet between all individuals at the facility as much as possible, regardless of vaccination or booster status.
- In general sleeping areas, position beds/mats so that clients sleep head to toe with their faces at least 6 feet away from each other.
- Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.

5) Symptom screening for clients

- Facilities are recommended to conduct verbal screening (e.g., symptom and exposure questionnaires) of clients prior to entry into the facility.
  - For sample *Screening Tool Guidance*, see coronavirus.dc.gov/healthguidance
- **Clients who report symptoms should not be turned away from services.**
- For more information, see *Screening Clients for COVID-19 at Homeless Shelters or Encampments* at cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html.
- In addition to entry screening, facilities are recommended to regularly assess clients at the facility for COVID-19 symptoms (regardless of vaccination status.)

6) Quarantine and isolation:

Note: Facilities that do not have the resources to manage testing, quarantine, and isolation of clients on site, must have procedures in place to safely transport clients to offsite testing, quarantine, and isolation facilities.

Quarantine recommendations for close contacts[3] of a confirmed case of COVID-19

Clients:

- **Who should quarantine?**
  - All clients who are exposed to a confirmed COVID-19 case who do not meet quarantine exemption criteria (see page 3)
- **Testing:**
  - COVID-19 viral testing[4] should be performed 5 days or later after the last exposure.
  - If test is positive, clients should be moved to an Isolation unit and follow the **ISOLATION** protocol (page 3).
- **Duration of quarantine:**
  - 10 days even if testing is negative

[3] A **close contact** is someone who was within 6 feet of a person who tested positive for COVID-19 for a cumulative 15 minutes or more over a 24-hour period, while that person was infectious.

[4] **Viral testing**= NAAT (nucleic-acid amplification test e.g., PCR) **OR** antigen test.

- **Process notes:**
    - Quarantined clients should be monitored for symptoms at least once a day.
    - Close contacts may quarantine in individual rooms, or if necessary, can be cohorted[5] with other close contacts.
        - If any cohorted clients develop symptoms or test positive for COVID-19 during the quarantine period, they must be immediately removed from the cohort group and placed in isolation.

Staff:

- **Who should quarantine?**
    - Staff who are exposed to a **confirmed** case of COVID-19 who do not meet quarantine exemption criteria (below).
- **Testing:**
    - COVID-19 viral testing should be performed 5 days or later after the last exposure
    - If positive, staff should follow **ISOLATION** instructions (below).

- **Duration of quarantine:**
    - 10 days even if testing is negative
    - Staff may follow quarantine guidance for the public when they are not at work but must wait a full 10 days before coming back to work.
        - For public quarantine guidance, see *Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing* at coronavirus.dc.gov/healthguidance.

Quarantine exemption criteria:

- **Staff and clients who:**
    - Are up to date on their COVID-19 vaccine
      OR
    - Have a personal history of COVID-19 infection (with recovery) within the past 90 days

Isolation for individuals with confirmed or suspected COVID-19:

Isolation is the process of separating individuals with symptoms of an infection or confirmed diagnosis of an infection (like COVID-19) away from others, to prevent spread of a pathogen.

Duration of isolation for clients and staff:

- **Clients and staff** must complete at least a **10-day** isolation period counting from symptom onset date or positive test date (if it was an asymptomatic infection) before returning to (respectively) the general client population or work. Before leaving isolation, an individual must be fever-free for at least 24 hours without the use of fever-lowering medications like Tylenol or ibuprofen and other symptoms must be improving[5].
    - Staff may follow isolation guidance for the public when they are not at work, but must wait a full 10 days before coming back to work. See *Guidance for Isolation: People who Test Positive for COVID-19 and Their Household* at coronavirus.dc.gov/healthguidance.

[5] **Cohorting** refers to the practice of isolating multiple individuals with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected person together as a group due to space constraints.

[5] **NOTE:** Symptoms of altered taste and smell may continue for weeks to months after recovery from COVID-19 and these symptoms do not need to keep people in isolation.

Client notes:

- Clients with **suspected or confirmed COVID-19** should be given a mask (if not already wearing one) and must be immediately placed in isolation.
    - Follow facility protocol for medical evaluation of ill clients.
    - If a client with suspected COVID-19 tests negative, they may be released from isolation (as long as they are otherwise well enough to go back into the general client population).
        - **Note**: If a person with symptoms of COVID-19 tests negative with an **antigen test**, they must have confirmatory testing with a laboratory-based NAAT test. The person should remain in isolation until the confirmatory test comes back **negative**[6].
    - If a client tests positive, they should be re-classified as confirmed COVID-19 and moved to a confirmed COVID-19 isolation area.
- Clients with suspected or confirmed COVID-19 should be prioritized for individual rooms.
    - If necessary, facilities may house clients with confirmed COVID-19 as a cohort.
        - When cohorting clients with confirmed COVID-19, it is best to use a large, well-ventilated room.
        - Keep mats/beds at least 6 feet apart. Align beds/mats so clients sleep head-to-toe.
        - Use temporary barriers between beds/mats, such as curtains.
    - **Do not** cohort clients with suspected COVID-19. It they subsequently test positive, they may then be moved to a confirmed COVID-19 cohort isolation area, as needed.
    - **Do not** mix clients with confirmed COVID-19 and clients with suspected COVID-19 or with clients who are on quarantine.
    - **Mixing cohorts is not acceptable due to high risk of transmission from infected to uninfected clients.**
- Designate separate bathrooms for clients who are isolating, if possible.

7) Hand hygiene

- Encourage frequent hand hygiene with soap and water or hand sanitizer with at least 60% alcohol.
- Keep restrooms well stocked with hand hygiene supplies and provide hand sanitizer at key locations in the facility such as registration desks, entrances and exits, and eating areas.

8) Ventilation

- Keep indoor spaces well ventilated.
    - For more information about ventilation, see cdc.gov/coronavirus/2019-ncov/community/ventilation.html.

9) Cleaning and disinfection

- For comprehensive information on cleaning and disinfection, including if someone with COVID-19 was or is at the facility, see cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html.

[6] For more information about testing for COVID-19, see *Overview of Testing for SARS-CoV-2 (COVID-19)* at cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html.

OTHER OPERATIONAL CONSIDERATIONS

Monitor community COVID-19 transmission levels:

- To see current levels of community transmission in DC, see the *CDC Data Tracker* at covid.cdc.gov/covid-data-tracker/#county-view

Staff

- Consider offering revised duties to staff at high risk for severe illness from COVID-19[7].
    - Regardless of their vaccination status, avoid having people at high risk for severe illness from COVID-19 provide care to sick clients.

Visitors

- Continue limiting visitors at homeless shelters.

Communication

- Clearly communicate COVID-19 prevention policies to all staff, clients, and visitors.
- Keep staff, clients, and visitors up to date on any changes to facility procedures.

PPE

- Staff must be provided with any PPE required for their job duties.
- Staff who do not interact closely with (within 6 feet of) sick clients, and do not clean client environments do not need to wear any other PPE besides a mask or respirator.
- Staff providing medical care to clients with suspected or confirmed COVID-19 must use appropriate PPE which includes:
    - **N95 respirator** (KN95 respirators or surgical masks can be used if respirators are not available)
    - **Eye protection:** Goggles or disposable face shield that fully covers the front and sides of the face.
    - **Disposable gloves:** Gloves must be changed if they become torn or heavily contaminated.
    - **Disposable gown**
    - For detailed PPE information, see *Required Personal Protective Equipment (PPE) for Healthcare Facilities* at coronavirus.dc.gov/healthguidance.
- Train all staff who may have contact with clients with COVID-19, or potentially infectious materials in the course of their work duties to correctly don, doff, and dispose of PPE.
    - Ensure strict adherence to OSHA PPE requirements.
    - Ensure that staff who require respiratory protection (e.g., N95 respirator) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer's respiratory protection program. For more information on a respiratory protection program, visit cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource3respirator.html

REPORTING

- Facilities are required to report to DC Health anytime there are two or more positive COVID-19 cases in staff or clients within a 14-day period.
- Identify a point of contact at the facility that staff, clients, and visitors can notify if they test positive for COVID-19.

[7] For more information, see *Guidance for People at Higher Risk for Severe COVID*-19 at coronavirus.dc.gov/healthguidance

- Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website dchealth.dc.gov/page/covid-19-reporting-requirements:
    - Submit a **Non-Healthcare Facility COVID-19 Consult Form**.
    - An investigator from DC Health will follow-up within 24-48 hours to all appropriately submitted notifications.

The guidelines above will continue to be updated as the pandemic evolves. Please visit coronavirus.dc.gov regularly for the most current information.